

CITY OF SPRINGFIELD
SPRINGFIELD-GREENE COUNTY
AIR POLLUTION CONTROL AUTHORITY
227 EAST CHESTNUT EXPRESSWAY
SPRINGFIELD, MISSOURI 65802

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)
FORM 1.0 GENERAL PLANT INFORMATION

SHADED AREAS FOR OFFICE USE ONLY

FACILITY NAME				FIPS COUNTY NO.		PLANT NO.		YEAR OF DATA	
FACILITY STREET ADDRESS				COUNTY NAME		REGION		CLASSIFICATION PERMITS	
CITY			ZIP CODE		FACILITY PHONE NUMBER ()				
FACILITY MAILING ADDRESS				PRODUCT/PRINCIPAL ACTIVITY				SIC	
CITY			ZIP CODE		NUMBER OF EMPLOYEES		LAND IN ACRES		
FACILITY CONTACT PERSON			TITLE		WHERE TO SEND EIQ IN FUTURE (CHECK ONE) <input type="checkbox"/> FACILITY MAILING ADDRESS <input type="checkbox"/> PARENT CO. MAILING ADDRESS				
	LATITUDE		LONGITUDE		UTM COORDINATES				
DEGREES			ZONE		EASTING (M)		NORTHING (M)		
MINUTES			CTSR LEGAL DESCRIPTION						
			(1/4):	(1/4):	SECTION		TOWNSHIP		RANGE
SECONDS									
PARENT COMPANY NAME				CONTACT PERSON				PHONE NUMBER ()	
MAILING ADDRESS				CITY				STATE	ZIP CODE

TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)

PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5	NH3
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The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statements to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.

PRINT NAME OF PERSON COMPLETING FORM		TITLE		CHECK AMOUNT	
SIGNATURE		DATE		CHECK NUMBER	
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE		TITLE		CHECK DATE	
SIGNATURE		DATE		OFFICE USE ONLY	
				LOGGED IN BY DATE RECEIVED	